

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SHARON	68903	020600
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71531	3.23.00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	1	1	11/16/02
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If more than 150 claims or 10 actions
stap additional sheet here

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